ZIA PARTNERS

Changing the World: Inspiring Hope, Health & Recovery

Transforming systems at every level
to be about the needs, hopes and dreams
of the people and families with complex needs
who come to our door

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The Complexity Challenge

- Individuals with complex multiple issues have the poorest outcomes in multiple domains.
  - Most likely to cost a lot of money, most likely to be homeless, most likely to die.
  - Often experienced as misfits rather than as priorities to serve.
- Is your system or organization designed to welcome people with complexity as a priority for care?

The Hope Challenge

- In order for our system to inspire people and families with serious challenges and multiple issues, we need to be in the hope business.
- Hope: Every person, including those with the greatest challenges, is inspired when they meet us with hope for achieving a happy, hopeful, productive, and meaningful life.

Principle-driven
Adult and Child Systems of Care

ALL services are:

- Hopeful
- Person- or family-driven
- Empowering and strength-based
- Designed to help people achieve their most important and meaningful goals

Integrated Systems of Care

- Complexity is an expectation, not an exception.
- ALL services are designed to welcome, engage, and provide integrated services to individuals and families with multiple complex issues (MH, SUD, DD, BI, health, trauma, housing, legal, parenting, etc.)

Transformation

- Involves EVERY system, subsystem, and sub-sub-system in a common process to achieve a common vision, with EVERY dollar spent and EVERY policy, procedure and practice.
- In a provider agency, that means the agency as a whole, every program in the agency, and every person delivering care is working toward a common vision.

Comprehensive, Continuous Integrated System of Care

CCISC

- All programs in the system become welcoming, hopeful, strength-based (recovery- or resiliency-oriented), trauma-informed, and complexity-capable.
- All persons delivering care become welcoming, hopeful, strength-based, trauma-informed, and complexity-capable.
- 12-Step Program of Recovery for Systems

Person-centered, Resiliency-/Recovery-oriented

Complexity Capability

Each program organizes itself,
within its mission and resources,
to deliver integrated, matched,
hopeful, strength-based,
best-practice interventions for multiple issues
to individuals and families with complex needs
who are coming to the door.

Person-centered, Resiliency-/Recovery-oriented

Complexity Competency

Each person providing clinical care is helped to develop core competency, within their job and level of training, licensure or certification, to become an inspiring and helpful partner with the people and families with complex needs that are likely to already be in their caseloads.

Person-centered, Resiliency-/Recovery-oriented

Complexity Capability

- **CCISC Program Self-assessment Tools**: COMPASS-EZ™, COMPASS-ID™, COMPASS-PH/BH™, COMPASS-Prevention™
- **System of Care Tool**: SOCAT™
- **System Leadership Tool**: COMPASS-Exec
- **12 Steps for Agencies/Programs** toward SOC principle-driven care and Complexity Capability

Person-centered, Resiliency-/Recovery-oriented

Complexity Competency

- **CCISC Clinician Self-assessment Tool**: CODECAT-EZ™
- **12 Steps for Staff** Developing Complexity Competency

Is this your vision?

If so, how do you get there?

How do we get there clinically?

Research-based principles of successful intervention that can be applied to any population in any program by any person delivering care.

As a system or organization, how do we get there?

Quality Improvement

- Recovery process for systems
- Horizontal and vertical quality improvement partnership
- Empowered Change Agents
- Anchoring value-driven change into the “bureaucracy”
- Serenity Prayer of System Change

Vision-driven Quality Improvement Challenge

- How well is your system, agency or program organized to empower staff as partners in vision-driven quality improvement?
- How well are you organized to build inspiration:
  - In the face of complex challenges in your program?
  - To provide services that effectively and efficiently match the complex challenges of your clients?

Principles Made Simple

Principle #1

Complexity is an expectation.

- Welcome people with complexity as priority customers.
- Remove access barriers that make it hard to be welcomed.
- See all the complex issues: integrated screening and documentation.

Principle #2

Service partnerships are empathic, hopeful, integrated, and strength-based.

- Hopeful goals for a happy life.
- Work with all your issues step by step over time to achieve success.
- Build on strengths used during periods of success.

Principle #3

All people with complex issues are not the same.

- Different programs have different jobs.
- All programs partner to help each other with their jobs, and their populations
- 4-Quadrant model (HI/HI, HI/LO, LO/HI, LO/LO) for MH/SA, MH-SA/PH or MH-SA/DD may help with service mapping and matching.

Principle #4

For people with complexity, all the co-occurring conditions are primary.

Integrated multiple primary condition-specific best practice interventions are needed, including - for illnesses - both medication (MAT) and psychosocial interventions.

NB: Conditions may include not only illnesses but psychosocial issues such as cultural/linguistic/immigration barriers, homelessness/housing, disability, justice involvement, educational needs, domestic violence, parenting challenges, cognitive/learning challenges, relationship issues, and so on.

Principle #5

Parallel process of hopeful progress for multiple conditions

- Recovery/resiliency/self-determination of the *person* with one or more conditions.
- Progress involves:
  - Addressing each condition over time.
  - Moving through stages of change for *each* condition.
- Integrated services involve stage-matched interventions for *each* condition.

Principle #5

Six Stages of Change

Issue specific, NOT person specific

- **Precontemplation**
- **Contemplation**
- **Preparation**
- **Early Action**
- **Late Action**
- **Maintenance**

Principle #5 (continued)

Stages of Change

Issue-specific, not person-specific.

- **Pre-contemplation:** You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me.
- **Contemplation:** I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.

Principle #5 (continued)

Stages of Change

- **Preparation:** I'm ready to start changing but I haven't started, and I need some help to know how to begin.
- **Early Action:** I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.

Principle #5 (continued)

Stages of Change

- **Late Action:** I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.
- **Maintenance:** I'm stable and trying to stay that way as life continues to throw challenges in my path.

Principle #6

Adequately supported, adequately rewarded, skill-based learning for each condition.

- Small steps of practical learning – practice, role play, and repetition
- Self-management skills and “asking for help” skills
- Psychosocial skills and medication skills
- Rounds of applause for each small step of progress

Principle Summary

There is no one correct intervention or program.

In CCISC,
every program, policy, practice, etc.,
is organized to match interventions
based on the principles.

Principles Made Simple

Summary

Welcoming, empathic, hopeful, continuous, integrated recovery and support partnerships

- Addressing multiple primary issues
- Providing adequately supported, adequately rewarded, strength-based, skill-based, stage-matched, community-based learning for each issue
- Moving toward goal of a happy, meaningful life

Summary

- Every program is a co-occurring program, within any license, any staffing, any funding, within its mission and resources
- Every person providing care is co-occurring competent, with or without license, inside their job and level of training
- Provide service according to the principles/interventions
- Use 12 Steps for Systems, Agencies, Programs, Staff
- Remember the Serenity Prayer of Change
- Avoid the Training Trap – Use policies, procedures, paperwork and supervision as practice supports
- Reduce Referrals: Warm Hold-On before Warm Hand-off

What does a co-occurring capable program do?

- Consider the following situation:

Tiffany is a 45 year old woman with a long history of trauma, living with her 3 children and an alcoholic boyfriend, who suffers from major depression, PTSD with anxiety, and alcohol use disorder, also mis-using opioids which she receives for chronic pain

What does a cod capable adult MH program do?

Tiffany is seen in crisis after an overdose. After a night in the crisis bed, she is no longer suicidal, and is sent home. She accepts referral to a MH program, but is in precontemplation/contemplation regarding her AUD and opioid misuse. She is sent to a COD capable MH program, and is offered therapy, meds, and case management.
WHAT DOES THE PROGRAM DO?

- **Welcoming her complexity: You are in the right place. No referral to SUD**
- **Screening and Identification**
- **Engagement in an integrated relationship**
- **Emphasizes hope and strength**
- **Integrated assessment and interventions for all disorders and issues**
- **Stage matched interventions and outcomes for MH, AUD, pain/opioids, family issues. Specific skill building for areas of action**

Example Integrated MH Intervention

Hopeful goal: I want to feel proud of myself, be in a loving relationship, and be a great parent to my kids.

Problems: Depression:Early action; AUD:Contemplation

1-1 session: Emphasized Tiffany's strengths in asking for help with depression and being willing to discuss substance use. Provided with an exercise to practice on reinforcing her hope and self-worth as an antidote to trauma, and also practiced asking for help when feeling hopeless. Given education on how anti-depressants take time to work. Discussed how she can identify the "right amount" of alcohol for her to achieve her goals, and to figure out if she needs to make a change in alcohol use.

What does a cod capable SUD program do?

- Tiffany presents with her boyfriend to the crisis setting. She is intoxicated and her boyfriend says she needs help for her drinking. “She’s worse than I am”. She agrees to get help. She says she’s depressed about life but “I don’t want any damn pills from any damn shrinks.” She is referred to a cod capable SUD program. **WHAT DOES THE PROGRAM DO?**
- **Welcoming her complexity. You are in the right place. No referral to MH.**
- **Screening and identification of MH/trauma/health issues**
- **Engagement in an integrated relationship with counselors and peers**
- **Emphasizes hope and strength**
- **Integrated assessment and interventions for all issues and disorders**
- **Stage matched interventions in 1-1 and group: Motivational work re psychiatry. Skills training re monitoring and managing mood and trauma issues. Skills training re SUD, relapse triggers, and family issues (boy friend, parenting)**

Example Integrated SUD Intervention

Hopeful goal: I want to feel proud of myself, be in a loving relationship, and be a great parent to my kids.

Problems: AUD:Early action; Depression:Contemplation

1-1 session: Emphasized Tiffany's strengths in asking for help with alcohol and being willing to share about her depression. Provided with an exercise to practice skills for getting through depressed feelings without drinking. Role play asking for help with mood and cravings. Educated on availability of medication to help AUD cravings. Discussed pros and cons of getting MH help for her depression, to make it easier not to use alcohol. Suggested asking for help in group from other clients on meds.

What does a cod capable child MH program do?

Tiffany's 13 y.o son gets in trouble in school for fighting and cutting classes. He is caught smoking marijuana. He shares that his mother is "messed up" but doesn't want her to know he said that. He is required to get help to stay in school. Tiffany is worried about him and agrees. The family goes to a cod capable child MH program.
WHAT DOES THE PROGRAM DO?

- **Welcoming complexity IN FAMILY: You are in the right place. No referral to SUD**
- **Screening and Identification of issues and stage of change in child and family.**
- **Engagement of family in an integrated relationship with team**
- **Emphasizes hope and strength, of all family members, especially mom**
- **Integrated assessment and interventions for all issues, and family members**
- **Stage matched interventions and outcomes for son's MH/AUD/school/parents. Similar for helping Tiffany to feel safe enough to open up and take small steps.**

Example: Integrated Child/Family Intervention

Hopeful goal: I want to feel proud of myself by being a great parent to my kids and helping my son to have a wonderful life.

Problems: Parenting my son to help him with his MH and SU issues: Early Action; Depression: Contemplation; Alcohol Use: Pre-contemplation

Parent session: Tiffany praised for her courage in supporting her son's getting help. Discussed how she wants her son to not have to go through the same traumas that she experienced, and helped to role play some skills for her to help him recognize his own courage. Discussed how she often feels that she doesn't have the energy to deal with her BF and the kids, and helped to consider whether she would like help with that for herself, to be a better parent. Opened a discussion about her son's MJ use, and how she decides – as any parent would – what is the right amount of substance use in the home for everyone, in order to be helpful to him. She appreciated the support to think about that question.

12 Steps of Complexity Competency

1. Welcoming, empathy, and engagement. (Principle 1)
2. Hopeful vision for a happy life. (Principle 2)
3. Screen for all co-occurring issues. (Principle 1)
4. Assess for immediate safety risk. (Principle 1)

12 Steps of Complexity Competency

5. Assess for specifics of each co-occurring issue. Distinguish high and low severity for each issue. (Principle 3)
6. Strength-based presentation. (Principle 2)
7. Understand the recommendations for each primary issue. (Principle 4)

12 Steps of Complexity Competency

8. Identify stage of change for each issue. (Principle 5)
9. **Stage-matched interventions for each issue**. (Principle 5)

12 Steps of Complexity Competency

10. Positively rewarded skills training for each issue. (Principle 6)
11. Integrated collaboration and teamwork. (Principle 3)
12. Promote peer/natural supports for each issue. (Principle 6)

Step 9: Stage-matched Interventions – Early Stages of Change

PRECONTEMPLATION – *The job is to build trust and open up the conversation.*

- Apologize for inadvertently bugging the person about the issue.
- Indicate that you hope to gain their trust to talk about the issue without being bugged.
- Join them in figuring out the "right approach" for this issue in order to achieve their happy life goals.

Step 9: Stage-matched Interventions – Early Stages of Change

PRECONTEMPLATION (cont.)

- Round of applause for talking about the issue.
- Listen to their experience with appreciation.
- Do NOT make recommendations or try to "sell" anything.
- Outcome is helping them begin to talk more openly, NOT to make a change.

Step 9: Stage-matched Interventions – Early Stages of Change

CONTEMPLATION – *The job is to keep talking and thinking to see if any change is needed.*

- Ask how they decide the "right approach" for this issue in relation to their goals.
- Ask details about what they currently do. Do NOT challenge.
- Be curious about what works and what doesn't.

Step 9: Stage-matched Interventions – Early Stages of Change

CONTEMPLATION (cont.)

- Suggest keeping track of what works and doesn’t so they can make better decisions.
- Ask how they would know if they needed to change their current plan.

Step 9: Stage-matched Interventions – Early Stages of Change

CONTEMPLATION (cont.)

- Do not try to “sell” change, so much as to support discovery. Don’t rush it.
- Outcome is identifying a “baby step” of change – PREPARATION.

Steps 9 and 10: Later Stages of Change

ACTION (Common elements for Preparation, Early and Late Action, and Maintenance)

The job is to identify and practice self-management skills and asking-for-help skills to take the next small step of change.

Always consider BOTH of the following types of skills:

- **Self-management + asking-for-help re: psychosocial skills**
- **Self-management and asking-for-help re: medication**

Steps 9 and 10: Later Stages of Change

ACTION (cont.)

- Identify the current pattern IN DETAIL.
- Identify what the person would like to change – BE CONCRETE.
- Don’t overshoot the next step based on your own wishes.
- Ask HOW they plan to make the change. (KEY QUESTION)
- Focus on details of what the change would look like on any given day.

Steps 9 and 10: Later Stages of Change

ACTION (cont.)

- Find at least one concrete “self-management” skill to practice. (Medication or psychosocial)
- Find at least one concrete “asking for help” skill to practice with one person. (Medication or psychosocial)
- You can’t be too concrete.
- Role play in the office, in group, at “home.”

Steps 9 and 10: Later Stages of Change

ACTION (cont.)

- Try it once and report back.
- Ask – How can you tell if you're making progress?
- How do you modify if the first try doesn't work?
- Each step of practice and progress gets a round of applause.

Steps 9 and 10:
Later Stages of Change

PREPARATION – *How to take a successful baby step to get started.*

- The smaller the step, the more likely the person will take it successfully.
- Find the step the person can and will do, not the one you want.
- Focus on the HOW and WHAT, not the WHY.

Steps 9 and 10:
Later Stages of Change

PREPARATION (cont.)

- Break small steps into smaller ones: Can you do the role play once?
- Assume that lack of progress means the step is too big.
- Outcome is taking the baby step to get started, and keep going into Early Action.

Steps 9 and 10: Later Stages of Change

EARLY ACTION – *How to keep making change that moves in the right direction.*

- Understand what the person is trying to accomplish.
- Find out what they are currently doing to make progress.
- Offer to be a partner in the process.
- Recurrently successful, not “failing.”

Steps 9 and 10: Later Stages of Change

EARLY ACTION (cont.)

- Ask how it is working – be curious.
- Ask how the person would know if they need to change their approach.
- Measure successful days and those that are less so.
- Do NOT preach or sell “perfection.”

Steps 9 and 10: Later Stages of Change

EARLY ACTION (cont.)

- Suggest small steps of new skill practice if the person is not achieving what they want.
- Always think about both self-management and help-asking.
- Offer to be a resource for help-asking.
- Outcome is to keep going and make progress.

Steps 9 and 10: Later Stages of Change

LATE ACTION – *Learn skills to be more consistently successful.*

- Many of the same strategies as Early Action, PLUS:
- Understand why it is important for the person to "achieve maintenance."
- Help them identify the FULL set of recommendations they have been given.

Steps 9 and 10:
Later Stages of Change

LATE ACTION (cont.)

- Which ones seem to work well and which need more learning.
- Review examples of where they were successful IN DETAIL.
- Review examples of where they slipped IN DETAIL.

Steps 9 and 10: Later Stages of Change

LATE ACTION (cont.)

- Find ONE new thing to practice in both self-management and help-asking.
- Consider other recommendations that may have been missed.
  - Examples: Medication for substance craving; Non-medication approaches for symptoms and feelings
- Outcome is Maintenance.

Steps 9 and 10: Later Stages of Change

MAINTENANCE – *Anticipate new challenges and learn skills to address them.*

- Same basic approach as Early or Late Action, PLUS:
- Identify in detail all the work the person is doing to stay stable.
- Identify in detail the skills being used.

Steps 9 and 10: Later Stages of Change

MAINTENANCE (cont.)

- Identify a list of potentially risky events or situations.
- Include potential transition to lower levels of support.
- Practice strategies to cope with the risky event.
- Practice how to ask for help more proactively.

Steps 9 and 10: Later Stages of Change

MAINTENANCE (cont.)

- Practice how to ask for help sooner rather than later.
- Anticipate what happens if there is a slip.
  - How would you tell someone?
  - How would you ask for help right away?

For Systems, Agencies and Programs

12 Steps of Recovery: Step 1

- Welcome all staff into an empowered partnership.
- Define a vision for all programs and all staff.
- Define the vision as related to core values:
  - Welcoming, hope, resiliency, autonomy, recovery
  - Matching services to the needs and dreams of the people and families with complexity

For Systems, Agencies and Programs

12 Steps of Recovery: Steps 2, 3, 4

- **Step 2:** Define your CQI "Recovery Team" for the agency.
- **Step 3:** Identify Change Agents from each program to represent the voice of front-line staff and consumers.
- **Step 4:** Engage all staff as partners in improving their own competency.

For Systems, Agencies and Programs

12 Steps of Recovery: Step 5

Perform a system/agency/program baseline self-assessment.

- Engage staff in a “democratic” conversation.
- Evaluate program policy, procedure, practice (not people).
- Use a structured tool to guide conversation.
- Rounds of applause for finding improvement opportunities.

For Systems, Agencies and Programs

12 Steps of Recovery: Step 5 Tools

- **COMPASS-EZ™** for MH/SA in BH programs
- **COMPASS-PH/BH** for primary health and BH integration
- **COMPASS-ID™** for BH in intellectual disability service
- **COMPASS-Prevention™** for prevention and early intervention programs

For Systems, Agencies and Programs

12 Steps of Recovery: Step 6

Achievable Quality Improvement Plan
for each program

- Small measurable steps in direction of vision.
- Progress not perfection.
- Rounds of applause for each step of progress.
- Share success in the QI team; identify and remove barriers.
- Anchor changes in policy, procedure, paperwork.

For Systems, Agencies and Programs

12 Steps of Recovery: Steps 7, 8, 9

- **Step 7:** Welcoming individuals and families with complex needs.
- **Step 8:** Seeing the complexity in the people we serve: integrated screening and counting.
- **Step 9:** Establishing hopeful goals for a happy life. Identify periods of strength and success.

For Systems, Agencies and Programs

12 Steps of Recovery: Steps 10, 11, 12

- **Step 10:** Integrated person- or family centered strength-based assessment and recovery planning for multi-occurring primary issues.
- **Step 11:** Stage-matched interventions, skills training , and celebrating small steps of success with big rounds of applause.
- **Step 12:** Proactive cross consultation and inreach with “other” partners.

ZIA PARTNERS

What will be your next small step of success as a system, agency or program?

And let's give each other a round of applause!!!